Margolis AD, Wolitski RJ, Seal DW, Belcher L, Morrow K, Sosman JM, Askew J, MacGowan RJ, and the Project START Study Group. Sexual behavior and substance use during incarceration. XV International Conference on AIDS; July 11–16, 2004; Bangkok, Thailand. Abstract ThPeC7474.

Background: Incarcerated persons have higher rates of HIV/STDs than the general US population. Few studies have examined sexual behavior and drug use during incarceration, and it remains unclear whether the increased burden of infections is driven by behaviors that occur during incarceration or in the community.

Methods: Young men released from prison were enrolled into a retrospective study assessing risk behavior during incarceration. This behavioral assessment was part of a multi-site intervention trial. Men completing intervention trial activities who were not re-incarcerated, completed an ACASI interview assessing risk behavior during any incarceration.

Results: 197 of 210 men consented (*M* age=22 years, *SD*=2.6). 9% reported injection drug use (IDU) and 5% had sex with men while not incarcerated. The median length of incarceration since age 18 was 25 months (range 3–152 months). 57% observed alcohol use in prison and 73% had seen drug use. 16% observed inmates injecting drugs. Fewer men reported personal substance use while incarcerated: 33% alcohol use, 42% drug use (e.g., pot, sedatives). One participant reported IDU during incarceration. 56% reported that sex between inmates occurred, and 28% reported forced sex between inmates. 15% and 4% reported non-conjugal voluntary sex with women or men during incarceration, respectively. Two of the men who reported voluntary sex with men also reported being forced to have sex with another male inmate.

Conclusions: Sex and substance use do occur during confinement, however rates do not appear sufficient enough to account for high HIV/STD rates among inmates. Findings suggest that HIV/STDs may often result from risk behavior that occurs in the community. Incarceration represents an opportunity to reach people at increased risk for HIV/STDs. Prevention efforts should address risks during incarceration, but greater attention should be paid to developing inmates' ability to adopt safer practices following release.